

**DEPARTMENT OF INSURANCE****STATE OF ARIZONA***Financial Affairs Division – Tax Unit*2910 North 44th Street, Suite 210

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**INDUSTRIAL INSURED CERTIFIED STATEMENT OF RISK PERCENTAGE ALLOCATIONS
TO BE FILED WITH ARIZON PREMIUM RECEIPTS TAX RETURN FORM E-INDINS.TAX**

CALENDAR YEAR PERIOD FOR ALLOCATION STATEMENT AND TAX RETURN: _____

Name of Industrial Insured: _____

In accordance with the provisions of Arizona Revised Statutes § 20-401.07 and Arizona Administrative Code R20-6-207(H), if an Industrial Insured claims that its contract with an unauthorized insurer covers risks or exposures only partly in this state, the Industrial Insured shall file, in addition to and accompanying its Premium Receipts Tax Return, a certified statement clearly disclosing information necessary for a determination of the criteria of percentage allocation of A.R.S. § 20-401.07, including but not limited to:

a. Percentage of employee payroll in Arizona – **Apportionment Code EP**

Total Employee Payroll	Arizona Employee Payroll	Allocation Percentage

b. Percentage of physical assets in Arizona – **Apportionment Code PA**

Total Assets	Arizona Assets	Allocation Percentage

c. Percentage of sales in Arizona – **Apportionment Code S**

Total Sales	Arizona Sales	Allocation Percentage

d. Percentage of taxable income in Arizona – **Apportionment Code TI**

Total Taxable Income	Arizona Taxable Income	Allocation Percentage

This certification must be signed by same officer of the Insured, or other person authorized to act for the Insured who has executed the Premium Receipts Tax Return Form E-INDINS.TAX.

I do hereby certify to the Arizona Director of Insurance that the above allocation percentages are true and correct to the best of my knowledge and belief.

(Type Name)_____
(Title)_____
(Signature)_____
(Date)**ATTACH THIS FORM TO THE ARIZONA PREMIUM RECEIPTS TAX RETURN FORM E-INDINS.TAX**